

APPLICATION FORM

P.O Box 94185, Baton Rouge, Louisiana 70804-9185 Phone: 225/342-5675

Date: _____

BUSINESS INFORMATION:

Business Name: _____
 Business Address: (Mail) _____
 (Physical) _____
 City: _____ Parish: _____ State: _____ Zip: _____
 Telephone Number (incl A/C): _____ Tax ID: _____
 Federal Structure of Business: _____ Year Established: _____
 Legal Structure of Business: _____
 State Chartered In: _____ NAICS/SIC Code: _____
 DUNS # : _____

OWNER/MANAGER INFORMATION:

Full Name: _____

Home Address: _____

City: _____ Parish: _____ State: _____ Zip: _____

Social Security Number: _____ Business/Title: _____

Percentage Ownership: (if any) _____ Annual Compensation: \$ _____

Telephone Number: (Home) _____ (Work) _____

U.S. Citizen: [☐] Yes [☐] No Date of Birth: _____

PERSONS HAVING 20% OR MORE OWNERSHIP IN BUSINESS MUST COMPLETE OWNER/MANAGER SECTION.

LOAN INFORMATION: EQUITY \$ _____ AMOUNT REQUESTED \$ _____

Purpose of the Loan:

Requested Terms:

BREAKDOWN OF PROCEEDS OF LOAN:

Building Cost:	\$ _____	/	_____ %
Land Cost:	\$ _____	/	_____ %
Equipment Cost:	\$ _____	/	_____ %
RLOC:	\$ _____	/	_____ %

TOTAL PROCEEDS: \$ _____ / _____ %

PROGRAM SELECTED AND TYPE OF LOAN:

<input type="checkbox"/> Small Business Loan Program	<input type="checkbox"/> Micro-Loan Program
<input type="checkbox"/> Contract Loan Program	<input type="checkbox"/> Guaranty
<input type="checkbox"/> Other _____	<input type="checkbox"/> Participation

SUMMARY OF COLLATERAL AVAILABLE TO SECURE LOAN:

Type/Description*	Present Mkt. Value	Present Amt. Owed	Net Value(Equity)
_____	\$ _____	\$ _____	\$ _____
TOTAL VALUE OF AVAILABLE EQUITY			\$ _____

***Attach Additional Sheets If More Space Is Needed**

FINANCIAL INSTITUTION INFORMATION:

Financial Institution Name: _____
 Financial Institution Address: _____
 Officer/Contact Person(s): _____
 Telephone Number(s): _____

NOTE: APPLICATION FEE OF \$100.00 IS NON-REFUNDABLE. PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO LA ECONOMIC DEVELOPMENT CORPORATION (LEDC).

SOURCE OF REPAYMENT:

Primary: _____

Secondary: _____

Tertiary: _____

LIST OF ALL TRADE CREDITORS/SUPPLIERS:

Creditor Name/Address	Date Opened	High Credit	Balance	Terms
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IF MORE SPACE NEEDED,ATTACH ADDITIONAL SHEET(S) USING SAME FORMAT.

CONTINGENCIES/DISCLOSURES:

List any co-signer(s) or guarantor(s) on any present loans: _____

List all litigation pending on owner or company: _____

List all bankruptcy or insolvency proceedings involving owner or company: _____

Are you(owner) presently under indictment, parole or probation? [] No [] Yes (Explain. Use additional sheets)

Have you been charged or arrested for any criminal offense? [] No [] Yes (Explain. Use additional sheets)

Have you been convicted of any criminal offense? [] No [] Yes (Explain. Use additional sheets)

Are there any pending Judgments or tax liens against the company or yourself? [] No [] Yes (Explain. Use additional sheets)

CERTIFICATION:

I/We also certify that all taxes, either personal or business, associated with any business, either previously or currently owned, are paid in full/and are current.

I/We certify that all information contained in this statement/application, and all other documents referred to herein are true, correct and complete to the best of my/our knowledge, and is submitted so that LEDC can decide to grant a loan, guarantee a loan or participate with a lending institution in a loan to me/us. I/We agree to pay the cost of any surveys, title or mortgage examinations, appraisals, etc., that are necessary for consideration of this application. This authorizes Louisiana Economic Development Corporation to verify any information obtained from any source named in the application and retain the application form whether or not it is approved. The Louisiana Economic Development Corporation is authorized to receive additional credit information and answer questions on credit experience with the applicant(s). The undersigned hereby authorize(s) LEDC to inquire into the outstanding tax liabilities of applicant(s) and hereby authorize(s) any taxing authorities, whether federal, state or local, to release information to LEDC concerning any outstanding liabilities of applicant(s).

This statement authorizes the Louisiana Economic Development Corporation to verify any information obtained from any source named in the application/business plan and retain the application/business plan whether approval is granted or not. The Louisiana Economic Development Corporation is also authorized to receive additional credit information from local credit bureau(s).

All business, financial and proprietary records, information, data or research work-product reflecting written memorialization or oral information relating to the business practices of such person, firm or corporation, which is solicited from or communicated by such private person, firm or corporation for the purpose of facilitating the public purpose of said Louisiana Economic Development Corporation is private and the undersigned private person, firm or corporation communicates such information with the expectation and on the condition that it be used and maintained on a confidential basis only, and not be disclosed to any unauthorized person or persons.

FEES:

There may be other fees associated with this application.

SIGNATURE/INDIVIDUALLY

Date

NAME OF ENTITY, IF APPLICANT IS LEGAL ENTITY

SIGNATURE OF PRESIDENT OR AUTHORIZED PERSON**

Date

**Attach Copy of Resolution of Board of Directors granting authority for signature on form.

FOR LEDC USE ONLY:

ACTION OF LEDC SCREENING COMMITTEE:

[] Approved [] Rejected Date:

ACTION OF LEDC BOARD OF DIRECTORS:

[] Approved [] Declined [] Tabled

[] Approved with the following changes: